

| POSITION                  | INITIALS  | ID NO.      | DATE              |
|---------------------------|-----------|-------------|-------------------|
| FEE DETERMINATION         |           |             |                   |
| I.P.E. CLASSIFIER         | <i>AV</i> | <i>1115</i> | <i>7/13/01</i>    |
| FORMALITY REVIEW          | <i>AV</i> | <i>1115</i> | <i>01. 01. 01</i> |
| RESPONSE FORMALITY REVIEW | <i>AM</i> | <i>97</i>   | <i>11-09-01</i>   |

INDEX OF CLAIMS

Rejected ..... N ..... Non-elected  
 Allowed ..... I ..... Interference  
 Allowed ..... A ..... Appeal  
 Restricted ..... O ..... Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|------|-------|------|-------|------|
| 1     |      | 91    |      | 101   |      |
| 2     |      | 92    |      | 102   |      |
| 3     |      | 93    |      | 103   |      |
| 4     |      | 94    |      | 104   |      |
| 5     |      | 95    |      | 105   |      |
| 6     |      | 96    |      | 106   |      |
| 7     |      | 97    |      | 107   |      |
| 8     |      | 98    |      | 108   |      |
| 9     |      | 99    |      | 109   |      |
| 10    |      | 100   |      | 110   |      |
| 11    |      |       |      | 111   |      |
| 12    |      |       |      | 112   |      |
| 13    |      |       |      | 113   |      |
| 14    |      |       |      | 114   |      |
| 15    |      |       |      | 115   |      |
| 16    |      |       |      | 116   |      |
| 17    |      |       |      | 117   |      |
| 18    |      |       |      | 118   |      |
| 19    |      |       |      | 119   |      |
| 20    |      |       |      | 120   |      |
| 21    |      |       |      | 121   |      |
| 22    |      |       |      | 122   |      |
| 23    |      |       |      | 123   |      |
| 24    |      |       |      | 124   |      |
| 25    |      |       |      | 125   |      |
| 26    |      |       |      | 126   |      |
| 27    |      |       |      | 127   |      |
| 28    |      |       |      | 128   |      |
| 29    |      |       |      | 129   |      |
| 30    |      |       |      | 130   |      |
| 31    |      |       |      | 131   |      |
| 32    |      |       |      | 132   |      |
| 33    |      |       |      | 133   |      |
| 34    |      |       |      | 134   |      |
| 35    |      |       |      | 135   |      |
| 36    |      |       |      | 136   |      |
| 37    |      |       |      | 137   |      |
| 38    |      |       |      | 138   |      |
| 39    |      |       |      | 139   |      |
| 40    |      |       |      | 140   |      |
| 41    |      |       |      | 141   |      |
| 42    |      |       |      | 142   |      |
| 43    |      |       |      | 143   |      |
| 44    |      |       |      | 144   |      |
| 45    |      |       |      | 145   |      |
| 46    |      |       |      | 146   |      |
| 47    |      |       |      | 147   |      |
| 48    |      |       |      | 148   |      |
| 49    |      |       |      | 149   |      |
| 50    |      |       |      | 150   |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*65/11/08/10*